

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

11881

-62-044450

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED DEC 14 1962

VS 300
Rev. 4/59

1

240403

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12 74-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis, Missouri

Length of stay in 1b

1 1/2 days

c. FULL NAME OF (If NOT in hospital, give location)

St. John's Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

admission)

c. CITY

OR TOWN

Shrewsbury

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

7311 Lansdowne

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Laura

Middle

O.

Last

Kaetzel

4. DATE OF DEATH

Month

December

Day

10,

Year

1962

5. SEX

F

6. COLOR OR RACE

W

7. Married

Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

9-12-1882

9. AGE (last birthday)

80

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Fred Richard

13b. MOTHER'S MAIDEN NAME

Kate Schley

14. NAME OF HUSBAND OR WIFE

Frank Kaetzel

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mr. Frank Kaetzel

7311 Lansdowne

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Thrombosis?

INTERVAL BETWEEN ONSET AND DEATH

1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Myocardial failure

1 month

DUE TO (c)

Arteriosclerotic heart disease

?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Bilateral Bronchitis with secondary emphysema.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☒ No

☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

20b. SUICIDE

☐

20c. HOMICIDE

☐

20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

4200

20e. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20f. INJURY OCCURRED WHILE AT WORK

☐

NOT WHILE AT WORK ☐

20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20h. CITY, TOWN, OR LOCATION

20i. COUNTY

20j. STATE

21. I attended the deceased from 9-6-57 to 12-10-62 and last saw her him alive on 12-9-62

Death occurred at 2:30 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Arthur L. Dunsen MD

22b. ADDRESS

7500 S. Main

22c. DATE SIGNED

12-11-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

23b. DATE

12-13-62

23c. NAME OF CEMETERY OR CREMATORY

Valhalla Chapel of Memories

23d. LOCATION (City, town, or county)

St. Louis County, Mo/

23e. STATE

24. FUNERAL DIRECTOR

ADDRESS

HOFFMEISTER COLONIAL MORTUARY

SAM

25. DATE RECD. BY LOCAL REG.

DEC 11 1962

26. REGISTRAR'S SIGNATURE

Paul Smith M.D.

USE BLACK INK

OR TYPEWRITER RIBBON

RECEIVED

Dr. Arthur Friskel
7500 Devonshire
MI. 7-0445

7:00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bill C. Branson

Licensed Embalmer No. 4764

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.